## **Request Form**



Durable Do Not Resuscitate forms are available only to physicians or a health care facility, program or organization operated or licensed by the Board of Health or by the Department of Mental Health, Mental Retardation and Substance Abuse Services or operated, licensed or owned by another state agency.

Durable DNR Forms are NOT intended for use in admission or welcome packages. The Durable DNR Form shall be treated no differently than a blank prescription pad.

**Type or Print Clearly** 

Name of Physician/Facility	y/Organization/Progr	am	
Contact Person	()		E-Mail Address
Delivery Address			
City/County	S	tate	Zip Code
Requesting Physicians Na	me		
	(Durable DNR F s greater than 100 may require		
MAIL OR FAX TO:	<b>Durable DNR Form Requests</b>		
	Virginia Office o	f Emer	gency Medical Services
	109 Governor Street, UB-55		
	Richmond, Virginia 23219		

Fax (804)864-7580 – Questions (804)864-7632